United States Bankruptcy Cou District of Idaho omplete this form and mail to: U.S. Bankruptcy Court 550 W.Fort St. E	Boise ID 83724
ame of Debtor:	Case Number:
man et a son anna a	98-02141 (A) PAYONS
community home health inc  Trustee: Borne R  oof of claim form and all supporting documents must be filed in DUPL	ICATE on Chapter 19 and 13 cases
Proof of claim form and all supporting documents must be fred in Dof extended a rising after the commencement  OFFICE  This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be fleet parament to D.S.C. § 563.	
ame of Creditor (The person or other entity to whom the debtor owes oney or property):  KATHRYN M. KING PO BOX 2147  HAILEY ID 83333-2147	<ul> <li>□ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</li> <li>□ Check box if you have never received any notices from the bankruptcy cour in this case.</li> <li>□ Check box if the address differs from the address on the envelope.</li> </ul>
ccount or other number by which identifies debtor:  KMPLOYEE #454	Check here if this claim:  Replaces Amends a previously filed claim dated:
Basis for Claim Goods Sold Services Performed Retiree benefits as defined in 11 U.S.C. §1114(a) Gother (please descrive) Wages, Salaries and compensation: Your Social Security Numb Unpaid Compensation for services performed from GLO 198	(date) to 063098 (date)
. Date debt was incurred: 0 60198 - 0 63098	3. If court Judgment, date obtained:
SECURED CLAIM Check box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: Check box if your claim is secured by collateral Brief Description of Collateral: Check box if your claim is secured by collateral Check box if your claim i	5. UNSECURED PRIORITY CLAIM  Scheck box if you have an unsecured priority claim  Amount entitled to priority \$ 1887.39  SPECIFY PRIORITY OF CLAIM:  Wages, Salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation or the debtor's business, whichever is earlier
6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED  UNSECURED \$ 1.887.39 SECURED \$	(11 U.S.C. § 507 (a)(3))  Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))  Up to \$1,800° of deposits toward purchase, lease, or rental of property or services personal, family or household use (11 U.S.C. § 507 (a)(6))  Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))  Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))  Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)())  *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<ol> <li>Credits: The amount of all payments on this claim has been credited</li> <li>Supporting Documents: Attach copies of supporting documents, suraccounts, contracts, court judgments, mortgages, security agreements If the documents are not available, please explain. If the documents</li> <li>Date Stamped Copy: To receive an acknowledgment of the filing of claim.</li> </ol>	s, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENT are voluminous, attach a summary.  If your claim, enclose a stamped, self-addressed envelope and copy of this proof
09 1898 Kathyn M.	creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  KATHRYN M-KING
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imp	prisonment for up to 5 year, or both. 18 U.S.C.§152 and §3571
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imp	